

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036944

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 212 Primary Registration District No. 5780 Registrar's No. 31

FILED OCT 1 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Miller	b. CITY (If outside corporate limits, give TOWNSHIP only) Saline Township	a. STATE Mo.	b. COUNTY Miller
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 3, Eldon		d. STREET ADDRESS Rt. 3	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Sarah Jane Vernon		4. DATE OF DEATH August 1 1963	
5. SEX female	6. COLOR OR RACE caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/16/72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (City and state or country) Morgan County, Mo.	
13a. FATHER'S NAME Mose Kelsay		14. NAME OF HUSBAND OR WIFE Frank M. Vernon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Fred Vernon	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of the throat & Pulmonary metastasis</i> DUE TO (b) <i>Pulmonary metastasis</i> DUE TO (c) <i></i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i></i>		INTERVAL BETWEEN ONSET AND DEATH 1-year	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>1950</i> to <i>8/1/63</i> and last saw her alive on <i>7/29/63</i> Death occurred at <i>12:05</i> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <i>8/2/63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23d. LOCATION (City, town, or county) Eldon, Missouri	
24. FUNERAL DIRECTOR Phillips Funeral Home, Eldon, Mo.		25. DATE RECD. BY LOCAL REG. Aug. 2, 1963	
26. REGISTRAR'S SIGNATURE <i>Alvaretta Walt</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Don E. Phallen

Licensed Embalmer No. 5108

P. O. Address Eden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.